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ABSTRACT

A program aimed at promoting mental health in elementary school-age children is described in this report. The project's short-term goal is to help children successfully cope with social and emotional problems. One long-term goal is to prevent mental health problems which require long and costly remediation; another is to enhance the lives of children and families. The conceptual framework for the program is the primary, secondary, and tertiary prevention approach formulated by public health services. Program components include counseling, consultation, education, program development, and research. Counseling refers to individual interventions with a single child or to group work with children who have specific interests or problems. School staff and parents accept counseling services before they accept consultation. The objectives of consultation are to share knowledge and perceptions about individuals, to develop helping strategies, and to monitor progress. Mental health education in the program, seen as the first step in the direction toward primary prevention, involves small-group discussions, in-service education, and information dissemination. Program development involves special projects to promote mental health, such as a toy library which was created at one school. Preliminary evaluation results are presented. (Author/DB)

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THE ELEMENTARY SCHOOL MENTAL HEALTH PROJECT: A SCHOOL PROGRAM AIMED AT THE PROMOTION OF MENTAL HEALTH IN YOUNG CHILDREN

by

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Everyone agrees that children's intellectual functioning is influenced for better or for worse by schools. Less recognized is the influence that schools have on children's social and emotional development.

The Elementary School Mental Health Project is a program whose aim is the promotion of mental health in young children. The short term goal of the project is to help children successfully cope with social and emotional problems. One long term goal is the prevention of mental health problems which will require long and costly remediation. Another is the enhancement of the lives of children and their families. This is being attempted through a program of counselling, consultation, education, program development and research. The presence of the program in the school acknowledges the role that schools play in the mental health of its young charges, focuses the attention of the children and adults on the importance of mental health, and provides practical ways for students, parents and school staff to help children handle their social and emotional problems.

The need for programs of prevention in the area of mental health has long been given lip service. Some of the problems that have hindered the implementation of such programs include the immediacy of serious problems and their drain on the mental health dollar and personnel, the lack of consensus on what constitutes mental health, and the uncertainty about how it can best be promoted. These problems are also indicative of the urgent need for exploration and experimentation with programs of prevention. The Elementary School Mental Health Project is one such program.

BACKGROUND

It is always difficult to pinpoint exactly where an idea originates. The concept of the Project obviously came from many sources. One that can be identified is a public meeting in 1971 sponsored by the Ottawa Branch of the Canadian Mental Health Association. Parents, students and teachers of the Ottawa Board of Education were involved in a panel on the theme of "High School Years - Years of Stress". One of the recommendations which emerged from that conference was that, in order to prevent some of the serious problems which plague adolescents and are often so difficult to remediate during the teenage years, programs of education and support should be available in the early years of school to children, families, and school staff.

Another source was the staff of Regina Public School, a Kindergarten to Grade Six Ottawa Board of Education school. The principal who was there in 1973 saw the need for someone to give support and practical help to parents and children whose problems were not serious enough to warrant the already overloaded services of the school psychologist and social worker. At the time, this school had a large number of childen with serious problems which were inhibiting their ability to learn. The staff, witnessing the difficulty of helping these children, felt there must be a way of catching these problems earlier and agreed to the provision by the Canadian Mental Health Association of a mental health worker.

A third source is the awareness by all of us that there have been profound changes in family life in North America in the past twenty-five years. These changes include the increase in single parent families, the mobility away from

the support systems of the extended family, and the large number of families where both parents work (Schlesinger, 1979). Two of the results are that there are fewer adults in children's lives and less time for children to consult with adults about their daily experiences and problems. An increasing number of children are being brought up by television and their peers (Bronfenbrenner, 1973).

These three sources, the need for early prevention, the need for practical on-the-spot help, and the various changes in family life, met together in a focus which evolved into the Elementary School Mental Health Project.

Presently two mental health workers each spend three days a week at two different Kindergarten to Grade Six schools with populations of two to three hundred pupils. In addition, a research worker spends two days a week on the evaluation of the programs.

The Project is being funded by the Department of National Health and Welfare for the period 1980 to 1983. It is being co-sponsored by the Canadian Mental Health Association, Ottawa Branch, and by the Ottawa Board of Education.

THE SERVICE

The project was begun in one school in 1974 where the development and the piloting of the project has taken place. At the time of writing, March 1981, the second school has had the program for only six months. It is intriguing, though, to see that the acceptance of the services offered by the project in the second school appears to be following the same sequence in which they were

accepted in the pilot school. This sequence of service acceptance is: counselling, consultation, education, and program development. This is being documented by the evaluation.

Counselling

Counselling refers to individual counselling of a child or to group counselling of several children with a specific interest or problem. It is this counselling, and in particular the individual counselling, which appears to be the first mental health service which the school staff and parents accept and use. It seems it is a widely accepted role for a mental health worker. As well, the magic wand syndrome may be operating in schools as it does to a degree in all of us. That is, the fervent hope that someone will take the problem away and send it back solved!

In Grades 4, 5 and 6, the children can and do refer themselves for counselling. The problems they bring are mainly social but they also come to talk about coping with fears, being better behaved in class, dealing with family crisis, and needing someone to listen.

One of the interesting occurrences has been the self-referring by children who are regarded by the staff as having a high degree of mental health. It appears that these children use the mental health worker as they do other resources and references in the school. This says much about how well-functioning people make use of their environment, which may be a component of positive mental health. Furthermore, the involvement of these children in the program provides us with a constant reminder of the direction in which we would like to take all children.

Other children are referred to the mental health worker by the teachers, principal, or parents. Some of these receive individual counselling, some are referred to the school psychologist, social worker or to community helping resources, a few primary grade children receive play counselling, and sometimes group counselling is initiated.

Consultation

Consultation appears to be the second service which is accepted by staff and parents. The consultation process involves focussing on a specific child, group of children, or class by the mental health worker and at least one other adult such as a parent or a professional. The professionals will include the principal, teachers, psychologist, social worker, special education personnel, and public health nurse. The objective is to share knowledge and perceptions about the child or children, to develop strategies for helping, and to monitor progress.

Consultation can be perceived as a natural extension to the counselling process. After seeing a child the mental health worker often shares with the teacher or parent such information as may aid these adults in helping the child, while paying careful attention to the private nature of that information. Through time it becomes evident that there is no magic wand and that helping a child cope with his social and emotional problems is usually best accomplished when all the significant adults in the child's life combine their knowledge and efforts to help him.

Mental Health Education

Mental health education as part of the role for the mental health worker is the third service to be accepted in the evolution of the project in a new school. Education includes regularly scheduled small group discussions, in-service work with teachers, dissemination within the school of educational material related to mental health via displays, bulletin boards, or distribution of relevant articles.

In terms of the project, counselling and consultation can usually be categorized as secondary prevention; catching problems in their early stages. Education can, at least in part, be seen as a first step in the direction of primary prevention; preventing problems from getting started. The acceptance of educational activities as part of the mental health worker's role appears to be a leap forward in the understanding of mental health promotion in the project schools.

The core of the education program for children is small group discussions. All the students from a classroom come to these sessions in groups of 8 or 10; a third of the class. For a period of ten weeks the discussions range over topics such as feelings, conflict management, families, or getting along in groups. The discussions usually follow a film or story to which the children can focus their ideas and questions without directly revealing private material from their own lives. Crucial to these sessions is the right of anyone who doesn't want to answer a question to say, "I pass". The meetings vary from 15 to 45 minutes depending on the age and the maturity of the students.

One objective of these groups is to help children focus on some of the developmental issues, such as sibling rivalry and peer pressure, with which

most children are challenged. Another objective is to show children that they have choices and to give them a framework for making these choices.

Program Development

Program development is the fourth service to be accepted in the schools. The second school is already beginning programs in parent education and the use of volunteers. The most widely known of the special programs started in the pilot school is the Toy Library. This is a drop-in centre for parents and pre-schoolers, ages birth to four years, which is held in an available classroom. The objectives of the Library include socializing for children and adults, familiarizing families with school buildings, programs and staff, educating parents about play, toys and children's literature, and, of course, lending good quality, educational toys.

The development of special projects comes through the mental health worker's involvement with the staff and the community members. When a community need is identified, the mental health worker can help people find answers to that need. In the case of the Toy Library, the need as expressed by the community was for a parent and pre-schooler group within the immediate neighbourhood. From the school's viewpoint, the need was to encourage parents to give their young children socializing experiences. The Kindergarten teachers were seeing an increasing number of children whose social development was delayed, due likely to lack of experience with other children. In fact, the Toy Library has almost evolved into a self-help group for parents of the community who often feel isolated in their homes caring for their very young children. In terms of mental health promotion, activities such as the Toy Library program appear to be most promising.

In order to explain a program it is necessary to separate its various parts and examine them. This we have done. This tends, however, to obscure the overall picture of the Project and its important features. Three aspects of the program need special emphasis because of their suspected importance to the success of the Project.

The first is the interdependence of the various parts of the service model. Two examples are: topics for group discussions are often revealed in the individual counselling sessions; and the need for group discussions is sometimes revealed in consultations with teachers. We strongly suspect that the total program is more effective than the sum of its parts.

The second is the importance of the mental health workers being resident in their schools. Both are at school three days a week. Both have their own office and telephone. When they are not at school and their rooms are used for other purposes, those offices are still identified as belonging to the mental health worker. The workers are seen by the staff and community as belonging to that school.

The third is the freedom of each school to develop its own program, although within the general framework of the service model. The mental health worker, therefore, must be someone who is sensitive to the needs of the staff, students and parents and is able to respond actively to those needs.

SOME EVALUATION QUESTIONS

Systematic evaluation research is being carried out in an attempt to clarify the Project input and outcome. It is too early to report any formal evaluation results. Informally, however, some of the changes that we think we have seen in the pilot school include:

1) a decline in the number of childen with serious mental health problems;
2) a decrease in acts of vandalism around the school;
3) an increase in the number of times teachers consult about children "who may have a problem";
4) an increase of interest about mental health topics such as child development, interviewing techniques, single parent families, play, cooperative games, and stress;
5) an increase in number of home and school contacts.

Our guess is that the factor which is common to these changes is increased communication about mental health topics between all the people in the school: children, staff, and parents. What appears to have occurred involves a geometric expansion of communication and not just a simple increase which can be accounted for by the addition of 24 hours per week of a mental health worker's time.

It is the belief of parents and school staff that the pilot school has a special atmosphere of openness and caring that makes being a student, a teacher, or a parent there a happy, healthy experience. This, in particular, is what has led us to seek funding to expand the program and to evaluate it formally.

Some people argue that it is the total responsibility of the home, not the school, to promote the mental health of young children. These critics are ignoring the fact that the whole child comes to school, not just his intellect. It is time to acknowledge the influence that schools have on children's mental health. It is time to consider programs such as the Elementary School Mental Health Project and not leave mental health education in elementary schools to chance.

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